BEST AVAILABLE COPY

	PATENT	APPLICATI Effe	ON FEE I	PD 09/157065						
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY OTHER THAN				
T	OTAL CLAIMS		(Coldinal 1)		olumn 2)	TYPE	RATE FEE			ENTITY
F	OR		NUMBER FILED NUM		MBER EXTRA	BASIC FI			RATE BASIC FEE	FEE 710.00
TO	OTAL CHARGE	ABLE CLAIMS	h minus 20= . C		5	X\$ 9=		1	Vala	7 10.00
INDEPENDENT CLAIMS			4 minus 3 = 1			-		OR		0
MI	JLTIPLE DEPE	NDENT CLAIM				X40=		OR	X80= .	80
• 14	the difference	+135=		OR	+270=					
If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	790
	C	LAIMS AS	AMENDE		(0-1		SHARLEY ENTITY	a M.C.	OTHER	THAN
AMENDMENTA		CLAIMS		(Column 2) HIGHEST	(Column 3)	SMALI	ADDI-	ОН 1	SMALL	ADDI-
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL
	Total	AMENDMENT	Minus	PAID FOR	=\	X\$ 9=	FEE		· V610	FEE
	Independent	• 4	Minus	1 4	=			OR	*X\$18=,	
	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDENT CLAIR	М	X40=		OR	X80=	
						÷135=	11.00.004	OR	+270=	
						TOTA		OR	TOTAL	
_		(Oolaitiii t)		(Column 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	8	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIN	м 🔲	+135=		OR	+270=	
						TOTAL		OB	TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		JO.,	ADDIT. FEE	27.73
Z J.		CLAIMS : REMAINING		HIGHEST NUMBER	PRESENT		ADDI-		*	ADDI-
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL FEE :		RATE	TIONAL FEE
	Total		Minus	••	=	X\$ 9=_	an boat	OB	'X\$18=	
	Independent		Minus	***	=	X40=	1000		X80= ¥	\$ 7.50
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.30	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								ÕŖ,	270=3	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR ,	TOTAL ADDIT FEE	W. W.
্য	he "Highest Num!	ber Previously Pai	d For (Total o	r Independent) is th	e highest number (ound in the ap	propriate box	în col	umn 1. 💔	
							٠,		•	